



Mississippi Rural Health Association and Mississippi Area Health Education Centers

Crossroads



VOLUME 2, Issue 4

Fall 2006

Special points of interest:

The recommendations of
the Citizens' Health Care
Working Group
(see pages 1, 4, and 5)

MRHA annual conference
set for Nov. 2
(see pages 6 and 7)

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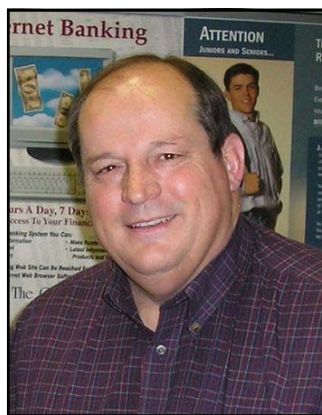
From the MRHA president's pen

For those who don't yet know, our 2006 President, Rachel Welborn, has recently stepped down due to a change in employment. Rachel has done an excellent job as President, and the Board is appreciative of her leadership and wishes her the best. I have been elected by the Board to serve out the remainder of the President's term for 2006.

It was just over a year ago that I had the privilege of writing an article for the first issue of *Crossroads*. Since then, the newsletter has expanded to become a partnership effort of the Mississippi Rural Health Association, the Mississippi State Office of Rural Health, and the Mississippi Area Health Education Center.

Clearly, *Crossroads* has evolved into a primary source for information on rural health in Mississippi.

I am very excited about



Tim Thomas, Interim President
Mississippi Rural Health
Association 2006

the topic selected for the Mississippi Rural Health Association's fall conference. A new culture is evolving that is beginning to redirect emphasis in healthcare from treating illnesses to promoting wellness. The "new measure" of quality of care is a healthy population which most of us would agree is worsening. Simply put, we are unhealthy and are becoming healthier. We, as individuals and also as part of a community, need to step up and take responsibility for promoting a healthy lifestyle in our lives and the lives around us.

Read more about our fall conference and its emphasis on wellness in this issue. We hope to see you there!

The future of health care in America – Mississippi speaks

In the last issue of *Crossroads*, we reported on rural Mississippians' participation in the listening sessions conducted this spring in support of the Citizens' Health Care Working Group. Congress set up the Working Group to engage the public in a national discussion of options to improve the country's health care system. The recommendations formulated by the group are intended to shape the future of our health care system.

In August, the Mississippi Rural Health Association, in

partnership with the Mississippi Department of Health's Office of Rural Health, Mississippi Area Health Education Center, Jackson Medical Mall, and Mississippi State University Extension Service, sponsored a series of follow-up forums in Jackson, Hattiesburg, and Greenville to respond to the group's interim recommendations. The recommendations stem from the input received during the spring listening sessions.

Mississippians turned out to hear the group's recom-

mendations, discuss their reaction to those recommendations and express their opinions prior to the submission of a final report to the U.S. Congress and the President this fall. Following are the six key recommendations under consideration:

Recommendation 1: It should be public policy that all Americans have affordable health care. All Americans will have access to a set of core health care services. Financial assistance will be available to those who need it.
(continued on page 4)

A message from the Area Health Education Center director

It has been an active and hot summer. Growth, changes, and new relationships have dominated our time.

In the last issue of *Crossroads*, we announced we had submitted a new application for funding the AHEC. The application was funded, and as a result, we are able to expand our services throughout the state beginning in the south and north central parts of the state.

Our new partners, the College of Health of The University of Southern Mississippi and Tri-Lakes Medical Center are busy developing and implementing their programs.

The Southern Mississippi AHEC (SM AHEC) has appointed their Center Director and Project Coordinator. Additionally, they have located office space on campus for the Center and it has been prominently assigned a strategic position on the new University of Southern Mississippi College of Health's administrative flow chart. No one could be more pleased with the recognition of the importance of the AHEC than this writer.

The North Central Mississippi AHEC (NCM AHEC) at Tri-Lakes Medical Center is in the process of hiring a Center Director and has located more than adequate office space in Batesville. In both

cases, the acting directors have begun these actions before official notification of the award had been received and prior to receiving their first dollar from the Program Office. The enthusiasm and level of cooperation exhibited have been exceptional and we thank them for their outstanding commitment to work with us to increase health care personnel in rural and underserved areas.

There will also be major changes in the structure of the existing Centers. The Mississippi Band of Choctaw Indians has determined they do not have the requisite resources in personnel to continue to host the Center. The East Central Mississippi Health Network (ECM Health Net) has agreed to take over this role. There will be a name change as part of the restructuring. The AHEC will serve a slightly larger catchment area to include counties involved or having strong ties to the ECM Health Net. The ECM Health Net is already the recipient of a federal grant with a scope of activities that nicely dovetails with the goals and objectives of AHEC. We appreciate their willingness to step in to continue to develop services for the people in the areas served.

The Southwest AHEC Center hosted on Alcorn State University's School of

Nursing Campus will now be at Field Memorial Hospital located in one of our most rural counties, Wilkinson. This progressive hospital located on the border of Louisiana has been in the forefront in the delivery of care in the area as well as actively involved at the state and national level in the Rural Health Association. This hospital has a community-based approach to care and education. The AHECs will continue to exist, but the hosts will be at other sites in southwest and east central Mississippi. We wish to invite the School of Nursing and Mississippi Band of Choctaw Indians to be involved with the new host and assist them as they assume the responsibility for this program.

We have partnered with the Mississippi Office of Nurse Workforce to publish a revised edition of *Nursing Education: Opportunities in Mississippi*. We are proud to be included in this important project.

Another project worth discussing is the recent efforts being taken to increase the family medicine workforce in disadvantaged and rural areas and in targeting minority students to participate in the resolution of this on-going problem. One of the programs we have been looking at is the Alabama Medical Education Consortium (AMEC). Their goal fits nicely with our objectives. We have begun discussions with Tougaloo College and The University of Southern Mississippi on their roles in the development of this program. Tougaloo College will be able to offer their students opportunities in the AMEC program while Southern Miss will be able to develop a Mississippi pipeline program.

Finally, we have another piece of bittersweet news. This time our Program Coordinator, Sandra Hayes, will be moving to the Health Department to pursue her dreams and to gather the experience she will need as she develops into a first-rate epidemiologist. We will miss Sandra for many reasons, not the least is her composure and ability, her determination and strength of character, and her pleasant disposition. I will also miss seeing her wonderful daughter Mya.



Stephanie Young, Assistant Director; Sandra Hayes, Program Coordinator; and Dr. Stephen Silberman, Director, Mississippi Area Health Education Centers at the Second Annual AHEC Symposium

Dr. Stephen L. Silberman, Director
Mississippi Area Health Education Centers

2nd annual AHEC symposium focuses on community health workers

The Mississippi Area Health Education Center recently hosted its second annual symposium, "Community Health Workers: Bridging the Gap between Healthcare Provider and Community." The symposium was hosted at the Thad Cochran Conference Center – Jackson Medical Mall on August 24, 2006.

Special thanks go to our AHEC sponsors: the Children's Defense Fund Southern Regional Office; Mississippi Primary Healthcare Association; Mississippi Hospital Association Health Careers Center; The University of Southern Mississippi's College of Health; The Enterprise Corporation of the Delta; Tri-Lakes Medical Center; and the Mississippi Department of Health.

The keynote speaker was Mr. Sergio Matos, who has 20 years of experience



of Health); Ms. Wanda Jones (Office of Nursing Workforce); and Dr. Warren Jones (University of Mississippi Medical Center), who addressed Mississippi's health profession workforce shortages.



Sergio Matos, key note speaker at AHEC Second Annual Symposium

identifying specific community needs and designing and implementing programs to meet those needs in communities throughout the City of New York. The symposium opened with a general session. Mr. Matos addressed the following 1) community health workers' qualities; 2) community health worker roles; and 3) community health worker models.

Morning break-out sessions began with panel guests Dr. Peter Fos (The University of Southern Mississippi College

Dr. Agnes Hinton (The University of Southern Mississippi College of Health); Mr. Sergio Matos (U.S.-Caribbean HIV and AIDS Twinning Initiative); and Ms. Donna Antoine-LaVigne (Jackson Heart Study) presented on community health worker training programs. The panelists specifically addressed the importance of training community health workers as a viable resource to fill gaps in the delivery of healthcare services.

The symposium concluded with two

sessions hosted concurrently. The first session included guest panelist Mr. Ed Sivak (The Enterprise Corporation of the Delta); Ms. Cynthia Smith (Jackson Heart Study); Ms. Pia Smith (former Dean of Health Sciences and Nursing at Community College of Denver); and Ms. Oleta Fitzgerald (Children's Defense Fund-Southern Region), who discussed model Community Health Worker programs. Panel guests shared examples of current community health worker programs with the greatest potential for impacting the healthcare professional workforce shortage in Mississippi and discussed community health worker programs currently being developed.

The second concurrent session was presented by Dr. Wilmer Baker, Executive Director of the Alabama Medical Education Consortium, which is funded by the Robert Wood Johnson Foundation for the purpose of identifying and meeting rural healthcare needs in the state. One of the "footprints" of these efforts was the formation of the Alabama Medical Education Consortium, the mission of which is to develop primary care physicians for rural and underserved Alabama. AMEC consists of 20 public and private colleges/universities and six schools of osteopathic medicine. These schools provide Alabama students with more than 100 slots for medical school. Through this consortium, students interested in practicing primary care in rural or underserved areas attend medical school on campus for the first two years and return to Alabama for the last two years of medical school.

Based on data obtained from evaluations, the conference was successful and participants gained useful information. We thank all attendees for their thoughtful comments and evaluation of our second annual Mississippi AHEC Symposium. We look forward to seeing you at next year's symposium.

Did You Know?

The CDC announced that influenza vaccine manufacturers are expecting to distribute more than 100 million doses of influenza vaccine in the U.S.

between now and early January, 2007. This is about 19 million more doses than last year.

News from the Mississippi Office of Rural Health

From the MORH director's desk

Rural communities regardless of where they are located have very similar defining characteristics, higher poverty levels, larger elderly populations, fewer healthcare providers, and struggling economies just to name a few. Many rural areas desire to expand their economic base by attracting either new industry, businesses, or retirees or by increasing recreation opportunities. Supporting and expanding existing industry is another strategy that economic developers can utilize to increase a community's economic base. We know a viable healthcare system is critical in recruiting businesses and retaining retirees in a community; but how often do we examine how the economic activity of the healthcare sector contributes to the current overall economy of a community?

Think about all the ways in which healthcare entities in a community interact with other sectors of the economy. What do they purchase within the county? What do they sell? Who do they employ? Where do their employees spend their money? Where do those visiting patients spend their money? What suppliers are in business because of the entity? Economic impact input-output analysis models conducted on local communities' health sectors have revealed that local healthcare systems can be vital to the economy of a

rural community. In many cases the healthcare sector is often second only to the local school system in the number of people it employs and can account for 15 to 20 percent of the county's jobs. The healthcare sector creates additional jobs in other sectors, and for every \$1 earned in income, additional income is earned in other sectors within the community.

The State Office of Rural Health has been involved with several economic impact analyses for communities with small rural hospitals. The results have been astounding, indicating economic impact in excess of \$10 million dollars annually for some communities. What community would not be interested in an industry or business that could generate that level of economic activity on an annual basis? What rural community would not have their economic developer pursuing that industry? However, many rural communities have such an industry but are not aware of it.

As rural communities work to increase their economic base, it's important that community leaders remember the healthcare sector and the positive economic impact it can provide. In an era where rural communities face greater challenges with regards to healthcare (difficulty recruiting providers, high rates of uninsured, high levels of uncompen-

sated care, and disproportionately large elderly populations), the loss of this sector may not only lessen access to healthcare resulting in a less healthy population, but can result in the loss of millions of dollars in economic activity on an annual basis.

In healthcare, we always recommend an annual health examination (to see what's happening with the body). It's probably time for your community to have its first health sector economic impact examination (to see just what's happening).



Rozelia Harris, MBA
Director, MORH

The future of health care in America – Mississippi speaks (continued)

(continued from page 1)

Recommendation 2: Define a “core” benefit package for all Americans.

Establish an independent non-partisan private-public group to identify and update recommendations for what would be covered under high-cost protection and core benefits. The set of core health services will go across the continuum of care throughout the lifespan.

Recommendation 3: Guarantee financial protection against very high health care costs. No one in America should be impoverished by health care costs. Establish a national program (private or public) that ensures coverage for all Americans;

protection against very high out-of-pocket medical costs for everyone; and financial protection for low-income individuals and families.

Recommendation 4: Support integrated community health networks.

The federal government will lead a national initiative to develop and expand integrated public/private community networks of health care providers aimed at providing vulnerable populations, including low income and uninsured people and people living in rural and underserved areas, with a source of high quality coordinated health care.

Recommendation 5: Promote efforts

to improve quality of care and efficiency.

The federal government will expand and accelerate its use of the resources of its public programs for advancing the development and implementation of strategies to improve quality and efficiency while controlling costs across the entire health care system.

Recommendation 6: Fundamentally restructure the way palliative care, hospice care and other end-of-life services are financed and provided, so people living with advanced incurable conditions have increased access to these services in the environment they

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Mississippi SHINE Project holds summer symposium

Over 50 participants from across the state attended the Mississippi SHINE Project's annual summer symposium on July 13-14 at the Regency Hotel and Conference Center in Jackson. Mitch Morris, SHINE Project Director, opened the symposium with an explanation of Mississippi SHINE as an integral part of the federal eight-state Delta Network initiative, which is aimed at improving the status of health across the entire Mississippi River Delta Region.

Morris stated, "With a 41-county service area, Mississippi has the largest service area within the Delta Network project. Unfortunately, the state in general, and specifically the Delta region, also suffers from the worst health statistics in the nation. Not only does Mississippi rank as the most obese state in the nation with the highest rate of heart disease deaths, but the Delta region suffers from a health status that continues to rank much worse than the state as a whole."

The Mississippi SHINE Project is a health networking effort lead by the Aaron E. Henry Community Health Center in Clarksdale. The program is currently composed of nine multi-county networks working to combat risk factors associated with preventable death and disease. During the symposium, each network presented highlights from on-



Participants at the Mississippi SHINE Project summer symposium

going health programs that range from free screenings and health education to community health awareness and group health promotion.

Much of the work done by the Mississippi SHINE Project is aimed at combating risk factors associated with chronic diseases such as heart disease, stroke, and diabetes. However, as the

network presentations demonstrated, local health programs are also targeting problems such as teen pregnancy and substance abuse.

Participation in the Mississippi SHINE Project is open to all interested organizations located within the 41-county service area. For more information, go to www.msshine.com, or call (662) 624-4292.

The future of health care in America – Mississippi speaks (continued)

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choose. Individuals nearing the end of life and their families need support from the health care system to understand their health care options; make their choices about care delivery known; and have those choices honored.

Dr. Aaron Shirley, a Jackson physician, serves on the national task force and was instrumental in insuring a role for Mississippi voices. Working with Mississippi State University Extension Service, the forums were designed to ensure public participation. A senior staff member from the Department of Health and Human Services in Washington, D.C., Mr. Andy Rock, presented the recommendations and Dr. Alan Barefield, from MSU, provided feedback on urban and

rural differences on health care concerns noted during the earlier listening sessions. Most importantly, the participants reacted: they discussed the findings, considered the interim recommendations, and expressed their views and concerns about the future direction of health care. Mr. Rock left the state commenting on how helpful it was in broadening his perspective. Mississippi was the only state in the nation to conduct sessions in rural areas; spending three days driving along the sparsely populated roads of Mississippi surely gave an increased appreciation to discussions about difficulties in accessing health care services.

More information on the interim recommendations of the Citizens' Health Care Working Group is available at <http://www.citizenshealthcare.gov>. You

can also find a very informative document, *Health Care Report to the American People*, on the site.

Mark Your Calendar! 2007 National Rural Health Association Conferences

Rural Health Policy Institute
February 26-28, 2007
Washington, DC

**Annual Rural Health Conference
and Minority and Multicultural
Health Conference**
May 14-18, 2007
Anchorage, AK



The Mississippi Rural Health Association Annual Conference
**“Healthy Solutions for Rural Communities:
 Wellness Programs that Work”**

**Central Mississippi Research & Extension Center
 1320 Seven Springs Road
 Raymond, Mississippi
 November 2, 2006**

REGISTRATION FORM

Name:	Organization:
Title:	Address:
City/State:	Zip Code:
County:	Telephone:
Fax:	E-mail:
Special accommodations needed:	Are you interested in serving on MRHA committees?

(Please duplicate this form if needed.)

Checks should be made payable to the Mississippi Rural Health Association and received by October 27, 2006 to receive the early-bird discount rate of \$75.00. After October 27th, the conference fee is \$85.00. A special student fee of \$20 is available for full-time students.

Mail checks and registration to: Mississippi Rural Health Association
 Attention: Jan Entrekin
 31 Woodgreen Place
 Madison, MS 39110

Payment of the conference registration fee entitles the registrant to a one-year no-cost membership in the Mississippi Rural Health Association.

ADDITIONAL INFORMATION can be found at the MRHA Web site,
<http://www.msrha.org>

**If you have questions, please call Jan Entrekin at the
 Mississippi Rural Health Association, (601) 898-3001**



**The Mississippi Rural Health Association invites you
to our 11th Annual Conference**

**“Healthy Solutions for Rural Communities:
Wellness Programs that Work”**

November 2, 2006

**Central Mississippi Research and Extension Center
Raymond, Mississippi**

PRELIMINARY AGENDA

8:30 – 9:00 a.m.

Registration

9:00 – 9:15 a.m.

Welcome and Conference Overview

Tim Thomas, Interim President, Mississippi Rural Health Association

9:15 – 10:15 a.m.

“Mississippi in Motion”

Jane Clary, PhD, Associate Extension Professor, Mississippi State University

This presentation will discuss *Mississippi in Motion*, a state-wide initiative designed to promote healthy lifestyles through exercise, proper nutrition, and social support. The program concept came from a tremendously successful effort in West Point, Mississippi, in which approximately 1,000 community members participated and collectively lost over 6,000 pounds. Following this success, Mississippi State University Extension Service refined and piloted the program in ten additional counties with similar success. Dr. Clary will describe the results of these and the approximately 20 additional counties who launched the program in early 2006. Also to be discussed is the importance of strong community partnerships that make the program possible.

10:15 – 10:30 a.m.

Break

10:30 – 11:30 a.m.

“It's Elementary: A Healthy Schools Program”

Carol Rogers, RN, SSO, Amory Public Schools

This presentation will explain how to start a school-based coordinated health program with zero funding. Information will be included on how partners were identified and how funding was generated. A discussion of how needs were identified, how programs were developed to meet the needs, how success was evaluated, and how program weaknesses were identified will be included. Also to be discussed will be the resources used in the development of the program.

11:30 a.m. – 12:30 p.m.

Lunch and MRHA Membership Meeting

12:30 – 1:30 p.m.

“Forrest General Hospital's Employee Wellness Program”

Dr. Linda K. Hall, Former Director of Health Management Connection and
Sheri Ezell, Director, INTERxVENT Program, Forrest General Hospital

To help their employees and their family members manage their health and weight, Forrest General Hospital offers INTERxVENT, an individualized lifestyle management and cardiovascular risk reduction program offered through Health Management Connection. A service of both Forrest General and Hattiesburg Clinic, Health Management Connection offers a comprehensive multidisciplinary approach to maintaining health and lowering cardiovascular risk using both primary care physicians and specialists. Health Management Connection is also reaching out to offer the INTERxVENT employee health program to other large employers in the area. The presenters will discuss the development of the comprehensive and centralized service provided in the 50,000 square-foot Health Management Connection building and how a healthcare organization can begin small with an employee wellness program and expand it to the level of INTERxVENT.

1:30 – 1:45 p.m.

Break

1:45 – 2:45 p.m.

“Making the Case for Worksite Wellness”

Elynn Fish, Director of Wellness and Healthy Living, BankPlus

This presentation will include information on what a company should consider when developing a wellness program, an overview of the program model used by BankPlus and employee incentives. The importance of knowing the health of your company will be discussed as well as measuring and evaluating the impact the wellness program has on the company's health from year to year after implementation. Also to be discussed will be what type of returns a company should expect both short- and long-term.

2:45 – 3:00 p.m.

Closing Comments and Evaluation

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E-mail: mississippirural@bellsouth.net



*A voice for health
in rural Mississippi*

We're on the Web!
<http://www.msrha.org>



REGISTER NOW!

**You won't want to miss the
11th Annual Conference of the
Mississippi Rural Health Association
"Healthy Solutions for Rural Communities:
Wellness Programs that Work"
November 2, 2006
Central Mississippi Research and Extension Center
Raymond, Mississippi**

You won't want to miss this opportunity to hear new information about rural health issues;
network with providers, administrators and rural health advocates;
hear about wellness programs that work in rural areas;
and learn about successful programs designed specifically for rural populations.

More details are inside this issue. Register today!